4/7/2021

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Division of Corporations

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(((H21000138513 3)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : TAX 5 PRO CORP Account Number : I20200000147 Phone : (786)397-2733 Fax Number : (954)420-7118

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: INFO & TAXSPRO. Com

FLORIDA LIMITED LIABILITY CO. **COLPER INVEST LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

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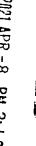
COVER LETTER

From: +19544207118 (TAX S PRO)

TO:	New Filing Sec Division of Co					
CUDIF	ect.		COLPER INVE	STILC		
20071	ECT:	Nan	ne of Limited	d Liability	Company	
The en	closed Articles of	Organization and	fee(s) are su	bmitted fo	or filing.	
Please	return all corresp	ondence concernin	g this matter	to the fol	lowing:	
	ANWAR I PUEL	ιο				
		···	,	lame of P	erson	
	TAXIS PRO CO	RP				
			1	Firm/Com	pany	···
	6030 PINES BL	VD				
	 	·		Addres	s	
	PEMBROKE PI	NES , FLORIDA 33024				
		<u>. </u>	City/	State and	Zip Code	
	INFO@TA>SPRO	- -		Al		· · · ·
		•			nual report notificat	ion)
For furth	er information co	oncerning this matt	er, please ca	II:		
	ANWAR PUELL	>	786 _at ()	307-2733	
	Nan	ne of Person	Area	Code	Daytime Telephor	e Number
Encios	ed is a check for	the following amou	nt:			
8 2512	5.00 Filing Fee	□\$130.00 Filin Certificate of S	latus	Certified	00 Filing Fee & Copy copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	<u>M</u> aifii	12 Address		S	reef Address	· ·

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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	 . E. I	-		117

The name of the Limited Liability Company is:

COLPER INVEST LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:		
4300 SHERIDAN ST	4300 SHERIDAN ST		
APT 108	APT 108		
HOLLYWOOD, FL 33021	HOLLYWOOD , FL 33021		

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

	Name	
8030 PINES BLVD.		
Florida street addres	s (P.O. Box <u>NOT</u> acc	eptable)
PEMBROKE PINES	FLORIDA	33024
City	State	Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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\$ 5.00 Certificate of Status (Optional)

Apr 08, 2021 11:50 (UTC-04) +

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:	Name and Address:	
"AMBR" = Autho		
"MGR" = Manage	ा	
AMBR	RENTERIA MOSQUERA JESSICA	
	4300 SHERIDAN ST, APT 108	
	FOLLYWOOD FL 33921	
AMBR	ORTEGA CHIRINOS VICTOR EDUARDO 4300 SHERIDAN ST., APT 108	
	HOLLYWOOD, FL 33021	
(Use attachment i	necessary)	
te date of filing.) Note: If the date inserted in the document's effective d	in this block does not meet the applicable statutory filing requirements, this date will not be ate on the Department of State's records.	e listed a
RTICLE VI: Other provis	sions, if any.	
REQUIRED SIG	NATURE:	
	Signature of a member or an authorized representative of a member.	
T	his document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.	
1 3	im aware that any faise information submitted in a document to the Department of State institutes a third degree felony as provided for in s.817.155, F.S.	
	ANWAR I PUELLO	
	Typed or printed name of signee	
	Filing Fees:	~ a.
\$125.00 Filing F	ree for Articles of Organization and Designation of Registered Agent	2021
\$ 30.00 Certific		

2021 APR -8 PM 3: 4;